

HIV treatment will boost prevention and strengthen health systems, says *The world health report 2004*

By using HIV treatment programmes to bolster existing prevention efforts and improve overall health systems in the developing world, the international community has a unique opportunity to change the course of history, says *The world health report 2004 — changing history*, launched by WHO in Geneva on 11 May.

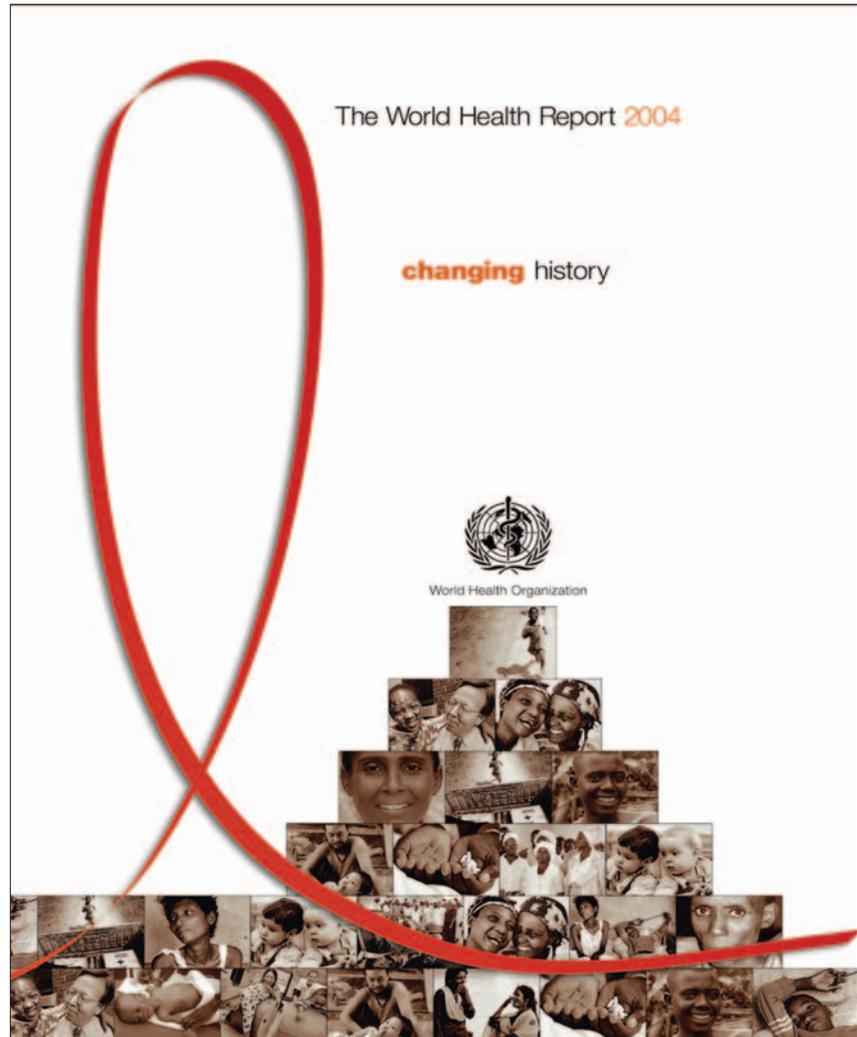
AIDS-related illnesses are the leading cause of death among people between 15 and 59 years of age, with 34 and 46 million HIV-positive people worldwide and 5 million new infections every year, says the 170-page report. Tackling the disease, which has already killed more than 20 million people and has led some countries in Africa to the brink of economic collapse is described by the report as “the world’s most urgent public health challenge.”

Over US\$ 20 billion has already been pledged for the global strategy to combat HIV/AIDS from donor countries, multilateral funding agencies such as the Global Fund to Fight Aids, Tuberculosis and Malaria, the US President’s Emergency Plan for HIV/AIDS, and the World Bank.

“At long last, global investment in health — and particularly in the fight against HIV/AIDS — is on the rise,” said WHO Director-General, Dr LEE Jong-wook. “The challenge now is to coordinate all our efforts and to ensure that this money benefits the people who need it most.”

According to Richard Feachem, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, finance and the cost of drugs — which can now be purchased for as little as US\$ 150 per person per year — were no longer the binding constraints they once were. The Global Fund hopes to raise “the lion’s share” — about 60% — of the US\$ 5.5 billion which WHO says is needed over the next two years to finance the initiative.

The report focuses on the urgent need for treatment and in particular the global initiative to provide three million people in developing countries with anti-



The cover of *The world health report 2004 — changing history*, launched at the UN in Geneva on 11 May.

retroviral therapy by the end of 2005 — the “3 by 5” initiative. It points out that treatment has been the most neglected aspect of the fight against HIV/AIDS to date in most developing countries: less than 7% of the six million HIV-positive people in the developing world who need treatment actually have access to it.

“Scaling-up effective HIV treatment and prevention programmes is the best strategy to save lives and keep future generations HIV-free,” said UNAIDS Executive Director, Dr Peter Piot.

Treatment is also crucial in preventing economic collapse faced by several countries in sub-Saharan Africa as a result of the heavy toll taken by the disease, says the report. It says that the long-term economic and social costs of the disease have been seriously underestimated in many countries.

“HIV/AIDS is crippling the most important portion of the population — young adults in their prime. It is depriving communities of doctors, teachers and lawyers, as well as farmers, miners and police officers and it is depriving children of their parents,” said Dr Jim Yong Kim, Director of WHO’s HIV Department. “By bringing people back from the brink of death to lead normal and productive lives, antiretroviral treatment can help prevent an economic and social catastrophe.”

The report highlights the role of the “3 by 5” initiative as a catalyst for the strengthening of health systems by attracting resources in addition to those for HIV/AIDS, stimulating investment in physical infrastructure, developing procurement and distribution systems which can benefit other diseases and fostering interaction with communities.

“By tackling [HIV/AIDS] decisively, we will also be building health systems that can meet the needs of today and tomorrow,” said Dr LEE.

The report also says that scaling-up treatment supports and strengthens prevention programmes. It cites examples of places where treatment has been made available stimulating an “overwhelming demand” for HIV testing and counselling services. “Knowledge of HIV status is the single most important factor contributing to behaviour change,” said Dr Kim who explained that people who know they are HIV-positive are less likely to pass on the virus to others.

Richard Feachem said that the overwhelming constraint to achieving “3 by 5” was the capacity of countries to deliver drugs to those who need them. By March 2004, 48 of the countries with the highest burden of HIV/AIDS had requested technical assistance and guidelines for the development and implementation of treatment programmes from WHO.

Coinciding with the launch of the report, the Canadian Government announced a contribution of CAD 100 million over two years to assist WHO in its contribution to achieving the “3 by 5” target. According to Dr Kim, the majority of this will be used to assist countries in scaling-up treatment by training personnel and setting up diagnostic facilities.

For a perspective on *The world health report*, see the related editorial in this month's issue of the *Bulletin* (p. 400).

The world health report is available at: <http://www.who.int/whr/2004/en/> ■

World Health Assembly adopts landmark strategies on diet and physical activity, and reproductive health

The 57th World Health Assembly, which met 17–22 May 2004, has adopted landmark global strategies on diet and physical activity, reproductive health and key resolutions on HIV/AIDS and road safety.

The WHO Global Strategy on Diet, Physical Activity and Health was unanimously endorsed by delegates from WHO's 192 Member States, following two years of consultations with stakeholders including Member States, other UN agencies, civil society and nongovernmental organizations and the private sector.

Whilst the non-binding document has only referential value, it is hoped that the strategy will act as an effective tool for sculpting national policies on diet, physical activity and health. “This is a landmark achievement in global public health policy and provides our Member States with a powerful instrument, which will enable them to develop effective and integrated national strategies to reduce the human and socioeconomic costs of non-communicable diseases,” said WHO Director-General, Dr LEE Jong-wook.

“Noncommunicable diseases are imposing a growing burden upon low- and middle-income countries, which have limited resources and are still struggling to meet the challenges of existing problems with infectious diseases,” said Dr Catherine Le Galès-Camus, Director of WHO's department of Noncommunicable Diseases and Mental Health.

The Assembly — WHO's supreme decision-making body — also adopted WHO's first strategy on reproductive health, intended to help countries stem the serious repercussions of reproductive and sexual ill-health, which accounts for 20% of the global burden of ill-health for women and 14% for men.

The strategy comes in response to a previous World Health Assembly resolution requesting WHO to accelerate progress towards the attainment of the Millennium Development Goals and other international targets relating to improving reproductive health.

WHO's HIV/AIDS strategy, known as “3 by 5,” was welcomed by the Assembly in a resolution which confirmed WHO's leading role in supporting countries in delivering prevention, care, support and treatment for HIV/AIDS within strengthened national health systems (see related interview with Dr Jim Yong-Kim, Director of WHO's HIV department, pp. 474–476). Member States urged the Director-General to improve the access of developing countries to antiretroviral medicines by strengthening WHO's prequalification project. The resolution also encouraged countries entering into bilateral trade agreements to take into account the flexibilities relating to public health as laid down in the TRIPS (Trade Related Aspects of Intellectual Property) and the Doha Ministerial Declaration on the TRIPS Agreement and Public Health.

The Assembly also unanimously approved a resolution on road safety and health, seeking to reduce the 1.2 million deaths which occur on the world's roads

every year. The resolution accepts the invitation from the UN General Assembly for WHO to serve as coordinator on road safety issues within the UN system.

A full list of the resolutions adopted during the 57th World Health Assembly is available at: http://www.who.int/gb/ebwha/e_e_who57.html#Resolutions ■

Human behaviour contributes to emergence of zoonoses

Human activities and behaviour such as pet ownership, air travel and food preferences can lead to the emergence of diseases capable of jumping from animals to humans (zoonoses), said international experts during a three-day conference at WHO in Geneva which concluded on 6 May.

The consultation which brought together world experts on public health, veterinary science, microbiology, ecology, conservation biology, disease modelling and forecasting, aimed to identify factors which lead to the emergence of zoonoses such as SARS and avian flu and to improve surveillance systems for their monitoring and control.

“Identifying the next zoonotic disease of international public health importance will not be easy,” said Dr François Meslin, WHO coordinator for zoonoses control. “We hope that the consultation will provide new tools that may make this possible in the near future.”

Whilst the transmission of a disease from animals to humans depends on numerous factors, experts said that ecological changes resulting from human activities represent by far the most important factor in the emergence of any zoonotic disease.

The meeting highlighted the importance of coordinated action across all sectors for the successful control of zoonoses. “As recent outbreaks have demonstrated, inter-sectoral and interdisciplinary cooperation is crucial to ensuring that international public health is not compromised,” said Meslin.

Recommendations included encouraging the use of research surveillance data from non-traditional systems such as insect populations and climatic changes, integrating early warning systems of international organizations and integrating animal and human health data at national and regional levels.

The recommendations and conclusions of the zoonoses consultation are available at: <http://www.who.int/mediacentre/briefings/2004/mb3/en/> ■